



MISSOURI ETHICS COMMISSION
PERSONAL FINANCIAL DISCLOSURE STATEMENT

PLEASE COMPLETE THIS FORM AND SEND TO:

MISSOURI ETHICS COMMISSION
P.O. BOX 1370
JEFFERSON CITY, MO 65102

3. NAME ADDRESS CITY/STATE/ZIP	1. TIME PERIOD COVERED FROM ____/____/____ THROUGH ____/____/____	2. TYPE OF STATEMENT <input type="checkbox"/> NEW <input type="checkbox"/> AMENDED
	4. SPOUSE'S NAME	
6. POLITICAL SUBDIVISION OR STATE AGENCY	5. DEPENDENT CHILDREN	
	7. TITLE (POSITION/OFFICE SEEKING)	

8. If your spouse is required to file a financial interest statement, this statement need not disclose his/her financial information. If your spouse is filing a financial interest statement, please indicate under what name that statement is being filed.

NAME: _____

Note: If your spouse is not required to file a financial interest statement, this statement shall disclose his/her financial information.

9. Please fill-in the appropriate box indicating why you are filing this statement:

- ☐ A. Supreme court judge, court of appeals judge, circuit judge, associate circuit court judge
☐ Candidate for one of the above positions, election to be held ____ / ____ / ____
(Successful primary candidates must file an amended statement on the Monday prior to the general election.)
- ☐ B. Statewide office, state senate, state representative
☐ Candidate for one of the above positions, election to be held ____ / ____ / ____
(Successful primary candidates must file an amended statement on the Monday prior to the general election.)
- ☐ C. Chancellor, president, board of regent or curator of a college
- ☐ D. State government employee:
☐ principal or deputy assistant serving a statewide officeholder
☐ director, assistant deputy director, general counsel or chief purchasing officer of a department, division or agency
☐ official or employee authorized to promulgate or vote on adoption of rules and regulations.
- ☐ E. Member or chief executive officer of an interstate board or commission (created by constitution or interstate compact).
- ☐ F. Member, chief executive officer or chief purchasing officer of a board or commission which spends state funds.
- ☐ G. Member of a metropolitan sewer district board.
- ☐ H. Member of a county enforcement board, planning and zoning commission, sports complex authority or convention sports facility, meeting and tourism program
- ☐ I. Elected official, chief administrative officer, chief purchasing officer, full-time general counsel of a political subdivision with an annual operating budget over \$1 million.
☐ Candidate for one of the above positions, election to be held ____ / ____ / ____
- ☐ J. Designated decision-making public servant (negotiates contracts, legal authority to adopt or vote on adoption of rules and regulations with force of law, exercises primary supervisory responsibility over purchasing decisions).

10. Complete and sign this section: (check one)

- ☐ Under penalties of perjury, I certify that I have disclosed all interests concerning the required financial information.
- ☐ Under penalties of perjury, I certify that I have disclosed all interests concerning the required financial information and further certify that my spouse has refused or failed to provide information concerning his or her financial interest and that I have no knowledge of such interests.

SIGNATURE _____

DEADLINE FOR FILING A PERSONAL FINANCIAL DISCLOSURE STATEMENT (Section 105.487, RSMo): If you are **newly appointed or employed** to your position, you are required to file this personal financial disclosure statement within 30 days of your appointment or employment. If you are a **candidate**, your deadline for filing this personal financial disclosure statement is fourteen days from the closing date of filing for candidacy. All **others** shall submit a personal financial disclosure statement after **January 1**, but no later than **May 1** each year.

11. EMPLOYMENT: List the name and address of each employer from whom you, your spouse, or dependent children received income of \$1,000 or more during the period covered by this statement.

EMPLOYER'S NAME	ADDRESS	WHO RECEIVED INCOME

12. SOLE PROPRIETORSHIPS: List each sole proprietorship owned.

NAME OF SOLE PROPRIETORSHIP	ADDRESS

13. GENERAL PARTNERSHIPS, JOINT VENTURES: List each general partnership and joint venture in which you, your spouse, or dependent children are a partner or participant, and the names of partners or coparticipants unless such names and addresses are filed with the secretary of state.

NAME OF GENERAL PARTNER-SHIP OR JOINT VENTURE	ADDRESS	GENERAL NATURE OF BUSINESS	NAME AND ADDRESS OF PARTNERS OR COPARTICIPANT

14. LIMITED PARTNERSHIPS, CLOSELY-HELD CORPORATIONS: List the name of any closely-held corporation or limited partnership in which you, your spouse, or dependent children own ten percent (10%) or more of any class of the outstanding stock or units.

NAME OF LIMITED PARTNERSHIP OR CLOSELY-HELD CORPORATION	ADDRESS	GENERAL NATURE OF BUSINESS

15. PUBLICLY TRADED CORPORATION OR LIMITED PARTNERSHIP: List the name of any publicly-traded corporation or limited partnership which is listed on a regulated stock exchange or automated quotation system in which you, your spouse, or dependent children own two percent (2%) or more of any class of outstanding stock, units or other equity interests.

NAME OF PUBLICLY TRADED CORPORATION OR LIMITED PARTNERSHIP

16. MISCELLANEOUS INCOME: List the name and address of any source of income from which you, your spouse, or dependent children received \$1,000 or more during the period covered by this statement that has not been reported elsewhere. If income is from publicly traded corporations or limited partnerships listed on a regulated stock exchange or automated quotation system, list the name only.

SOURCE OF INCOME	ADDRESS	WHO RECEIVED INCOME

17. REAL PROPERTY: List any real property located in Missouri, other than personal residence, having a fair market value of \$10,000 or more. Include name and address of parties involved if property was transferred during the year covered by this statement. Tax subclassification includes residential, commercial, agricultural or forest products.

LOCATION-COUNTY	TAX SUB - CLASS.	APPROX. SIZE (Acreage, Square Feet, etc.)	MAJOR IMPROVEMENTS (Buildings, etc.)	USE OF PROPERTY	PARTIES INVOLVED IN SALE OR PURCHASE

18. STOCKS, BONDS OR OTHER HOLDINGS: List the name and address of each entity in which you, your spouse, or dependent children owned stock, bonds, or other equity interest with a value of more than \$10,000. If the entity is a corporation listed on a regulated stock exchange, list name only. Members of state or political subdivision boards or commissions, uncompensated except for actual expenses or a per diem allowance, do not have to report interest in publicly traded corporations or limited partnerships listed on a regulated stock exchange or automated quotation system. Interest in the Employees' Retirement Income Security Act is not required to be listed.

ENTITY	ADDRESS

19. CORPORATIONS: List the name and address of each corporation for which you, your spouse, or dependent children served in the capacity of a director, officer, or receiver.

NAME OF CORPORATION	ADDRESS	WHO SERVED IN THIS CAPACITY

20. NOT FOR PROFIT CORPORATIONS: List the name, address and general description or nature and purpose of each not for profit corporation, association, organization or union where you, your spouse, or dependent children served as an officer, director, employee or trustee. Do not include church, fraternal, or service organizations where no pay was received.

ORGANIZATION	ADDRESS	GENERAL NATURE/ PURPOSE	WHO SERVED IN THIS CAPACITY

21. **GIFTS, HONORARIA:** List the name and address of any source of gifts or honoraria valued at \$200 or more received during the period covered by this statement. Do not include a gift from your spouse, child, parent, grandparent, great grandparent, brother, sister, aunt, uncle, grandchild or great grandchild.

SOURCE OF GIFT/HONORARIA	ADDRESS

22. **LODGING AND TRAVEL:** List lodging and travel expenses paid by a third person for expenses incurred outside Missouri whether by gift or in relation to the duties of office. Do not include expenses paid in the ordinary course of businesses described in items 11, 12, 13, 18 and 19; expenses reimbursed by law, expenses paid by persons related by third degree of consanguinity or affinity, expenses reported under chapter 130, RSMo, or expenses for purely personal purposes not related to official duties and not paid for by a lobbyist, lobbyist principal, or officer, director of any association or entity which employs a lobbyist.

EXPENSES PAID BY (NAME AND ADDRESS)	DATE EXPENSES INCURRED	AMOUNT INCURRED	LOCATION OF TRAVEL	REASON FOR TRAVEL

23. **TRUST ASSETS:** List assets in any revocable trust which would have been reported elsewhere if they had not been in the trust.

24. **RELATIVES:** List spouse, parents and children who were employed by the state of Missouri, a political subdivision or special district, are lobbyists, or who are fee agents of the department of revenue.

NAME	RELATIONSHIP	POSITION/POLITICAL SUBDIVISION

Information and additional disclosure statements are available from the Missouri Ethics Commission office or www.moethics.state.mo.us. If additional space is needed, attach additional pages. If you have questions concerning this form or filing requirement, you may call the Missouri Ethics Commission at 1-800-392-8660.